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APR 01 2011

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JULIE L. RODEWALD COUNTY CLERK

NAME OF FILER

(LAST)

(FIRST)

PATTERSON

JAMES

(d)(5)

DEPUTY CLERK  
KENFRO

1. Office, Agency, or Court

Agency Name

COUNTY OF SAN LUIS OBISPO

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of SAN LUIS OBISPO

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_\_, through December 31, 2010.

☐ Assuming Office: Date \_\_\_\_\_

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

April 1, 11  
(month, day, year)

Signature

**SCHEDULE D**  
**Income – Gifts**

Name  
James R. Patterson

► NAME OF SOURCE  
CA Mid State Fair  
ADDRESS (Business Address Acceptable)  
Paso Robles, CA 93447  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/1/10</u>	<u>\$100<sup>00</sup></u>	<u>Fair passes (2)</u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: \_\_\_\_\_